

EMERGENCY WORK 2003

DAGS, CENTRAL SERVICES DIVISION

CONTRACTOR QUALIFICATIONS

REPAIR AND MAINTENANCE STAFF CONTRACTS

Please check the boxes for the locations you are willing to do emergency work at:

- Oahu: ☐ Area A.-Honolulu ☐ Area B.-Central District
☐ Area C.-Leeward District ☐ Area D.-Windward District
- Maui: ☐ Area A:-Wailuku, Kahului, Upcountry, Paia, Haiku, Kihei & Lahaina.
☐ Area B:-Including Hana and Keanae .
☐ Area C.-Molokai ☐ Area D.-Lanai
- Hawaii ☐ Area A.-S. Hilo, N. Hilo & Puna ☐ Area B.-Hamakua, S. Kohala
☐ Area C.-N. Kohala ☐ Area D.-N. Kona, & S. Kona
☐ Area E.- Kau
- Kauai ☐ Whole Island

Name of Contractor: _____

Address: _____

Business Phone Number: _____

FAX Number(s): _____

Contact Name	Title/Position	Cell Phone	Pager No.

Contact must be available 24-hours.

License Type: _____
 ("A"-General Contractor, "B"-General Building Contractor, "C"-Specialty Contractor)

Classified Specialties:
 (e.g., "C-1" Acoustical and Insulation Contractor)

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Contractor License No.: _____

Federal I.D. Number: _____
(if you are sole proprietor, use your social security number.)

Please attach the following with this application form:

1. Current Tax Clearance w/ both State & Federal clearance stamps;
2. A copy of the contractor's license;
3. Signed Agreed Labor Wages and Fringe Form;
4. Signed Emergency Contractors Agreement.

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General Contractors will be called to bid for projects that require more than two (2) trades. For works that are performed by Specialty Contractors with "C" license, please check the types of work which you are licensed to perform and you will utilize your **direct labor*** to do the work:

- | | | |
|--|--|---|
| <input type="checkbox"/> Acoustical | <input type="checkbox"/> Air Conditioning | <input type="checkbox"/> Alarm |
| <input type="checkbox"/> Asbestos Abatement | <input type="checkbox"/> Asphalt Paving | <input type="checkbox"/> Awning |
| <input type="checkbox"/> Basketball Board | <input type="checkbox"/> Boiler | <input type="checkbox"/> Carpentry |
| <input type="checkbox"/> Carpet | <input type="checkbox"/> Ceiling Fan | <input type="checkbox"/> Demolition |
| <input type="checkbox"/> Drain Cleaning | <input type="checkbox"/> Electrical | <input type="checkbox"/> Exhaust/Ventilation Fan |
| <input type="checkbox"/> Fencing | <input type="checkbox"/> Fire Protection | <input type="checkbox"/> Glazing |
| <input type="checkbox"/> Floor Tile | <input type="checkbox"/> High Voltage Electrical | <input type="checkbox"/> Landscape/Irrigation System |
| <input type="checkbox"/> Landscape/Tree Trimming | <input type="checkbox"/> Lead Paint Abatement | <input type="checkbox"/> Lockers |
| <input type="checkbox"/> Masonry | <input type="checkbox"/> Painting | <input type="checkbox"/> Painting (Certified Lead Paint Contractor) |
| <input type="checkbox"/> Pest Control | <input type="checkbox"/> Plumbing | <input type="checkbox"/> Refrigeration |
| <input type="checkbox"/> Refrigeration (Chill Box) | <input type="checkbox"/> Roll-Up Door | <input type="checkbox"/> Roof Coating |
| <input type="checkbox"/> Roofing | <input type="checkbox"/> Score Board | <input type="checkbox"/> Sewer/Drain |
| <input type="checkbox"/> Sheet Metal | <input type="checkbox"/> Stadium/Gym Lamp | <input type="checkbox"/> Stage Curtain |
| <input type="checkbox"/> Swimming Pool | <input type="checkbox"/> Tile (ceramic) | <input type="checkbox"/> Toilet Partition |
| <input type="checkbox"/> Water-Proofing | <input type="checkbox"/> Welding | |

Others _____

*With this form, Contractors are required to submit supporting documents (payroll, resume, etc.) showing the qualification of their own workers who will carry out the checked Specialty Contractor work in accordance with General Conditions, Section 00700 - 7.

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AGREED LABOR WAGES AND FRINGE

Please list your company's labor classification, wages and fringe rate below:

LABOR Classification	WAGES Basic Hour Rate	FRINGE Fringe Rate
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Insurance and Taxes Rate _____%

We agreed the above rates are to be applied to force account emergency work at DAGS, Central Services Division from the signed date of this document. Overtime rates shall be one and one-half times the laborer's or mechanic's basic hourly rate of pay plus the cost to an employer of furnishing a laborer or mechanic with fringe benefits. The contractor shall submit the revised rates for approval for any changes thereafter.

Contractor's Signature

Date

Name (Print), Title

Company Name

Accepted by

DAGS, Central Services Division

Date

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EMERGENCY CONTRACTORS AGREEMENT

By signing below, your company agrees with the following:

1. You will respond to CSD's call immediately twenty-four(24) hours a day, seven(7) days a week.
2. A payroll affidavit showing compliance with State prevailing wages will be required for contracts cost of \$2,000 or more. The Contractor must submit the payroll affidavit together with the invoice.
3. For contracts in the amount of less than \$500, payment shall be made by the lump sum price agreed with the DAGS/CSD District Manger and the Contractor. If agreement cannot be reached on the lump sum price, Force Account Daily Reports shall be completed and submit to DAGS/CSD for verification and payment.
4. For contracts in the amount of \$500 or more, Force Account Daily Reports shall be completed and submit to DAGS/CSD for verification and payment. The agreed cost of work shall be on a force account basis following the Force Account Method as stated in Section 8.3.4 (see Daily Force Account Report form and sample attached) of the Interim General Conditions, 1999 by Public Works Division, DAGS.
5. All work shall be done in accordance with all applicable codes and regulations, Standards Specification for Public Works Construction and Interim General Conditions by Public Works Division, DAGS and/or directed by the Comptroller.

Contractor's Signature

Date

Name (Print), Title

Company Name

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Return the form by **April 11, 2003** to Central Services Division:

Oahu District Office – State of Hawaii, Dept. of Accounting & General Services
Central Services Division
729-B Kakoi Street
Honolulu, Hawaii 96819

Attn.: Mr. Francis Cheung
Any questions, please call (808) 831-7952 or Fax (808) 831-6750

Kauai District Office- State of Hawaii, Dept. of Accounting & General Services
Kauai District Office
3059 Umi Street
Lihue, Hawaii 96766

Attn.: Mr. Ryan Nishikawa
Any questions, please call (808)274-3030 or Fax (808)274-3035

Maui District Office- State of Hawaii, Dept. of Accounting & General Services
Maui District Office
P. O. Box 1030
Wailuku, Hawaii 96793

Attn.: Mr. David Victor
Any questions, please call (808)877-3305 or Fax (808)243-5771

Hawaii District Office- State of Hawaii, Dept. of Accounting & General Services
Hawaii District Office
75 Aupuni Street
Hilo, Hawaii 96720

Attn.: Mr. Glenn Okada
Any questions, please call (808)974-6400 or Fax (808)974-6422